

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

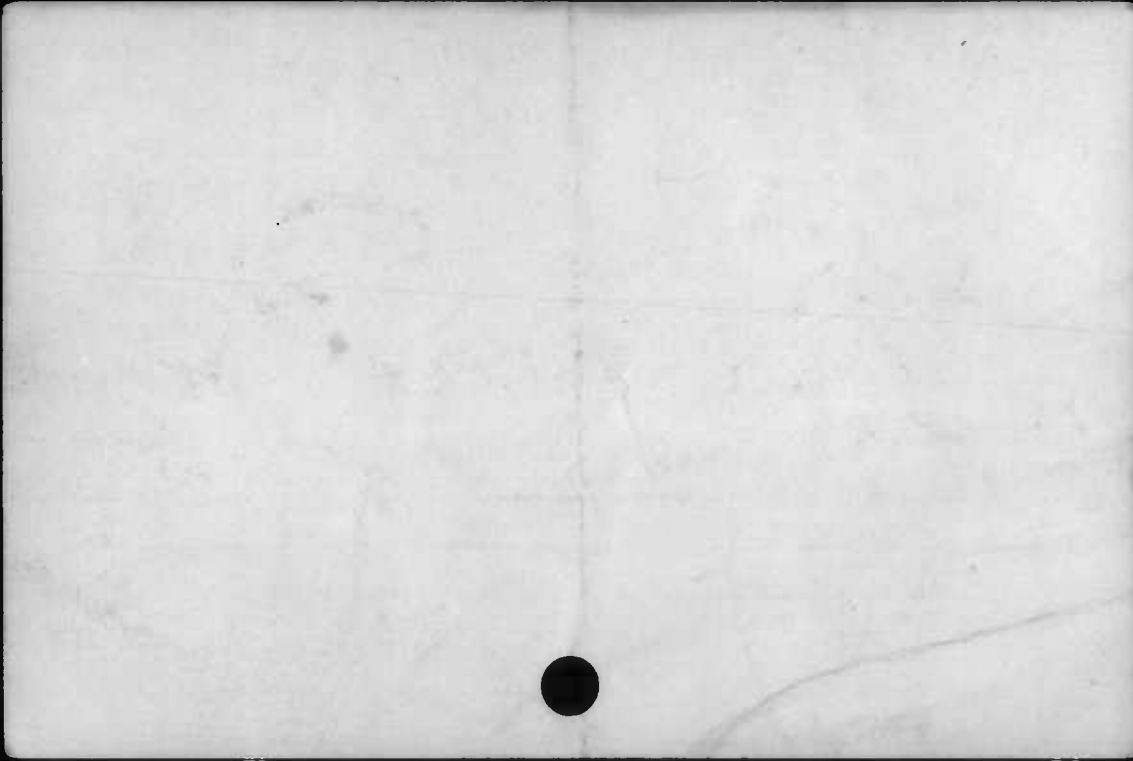
Died at Rock Hall		County Charles		MARYLAND	
Date of death 1908		Month April	Day 16	Age 47	Years 4
Sex Male	Color or Race Colored	Birth-place Chesapeake			
Occupation Farmers		Where Residing if not at place of death Rock Hall			
Married, Single or Widowed Married	Name of Wife or Husband Elithetha Brisco				
Father's Name Leotis Brisco		Father's Birthplace Chesapeake			
Mother's Maiden Name Lucie Brisco		Mother's Birthplace St. Mary's			
Name of person giving information Leotis Barringer		How related to deceased None			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Consumption	How long 8 or 10 mo.
Immediate Tuberculosis	How long 6 hours
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. L. Higdon
	Address Nayside Md.
Accident or Suicide?	



Name

In
Full

Ann Rebecca Carter

CERTIFICATE OF DEATH

Town

County

Died at

Newport

Chas

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908 Dec

18

Age

7

Sex

Female

Color or
Race

Colored

Birth-
place

Chas Leo

Occupation

None

Where Residing if not
at place of death

Chas Leo

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Francis Carter

Father's
Birthplace

St. Marys Co

Mother's
Maiden Name

Mary Francis Carter

Mother's
Birthplace

Chas Leo

Name of person giving
In formation

Francis Carter

How related
to deceased

Father

CAUSES OF DEATH

9

Primary

Croup

How long

Immediate

Respiratory Paralysis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

C L Cecil M.D.

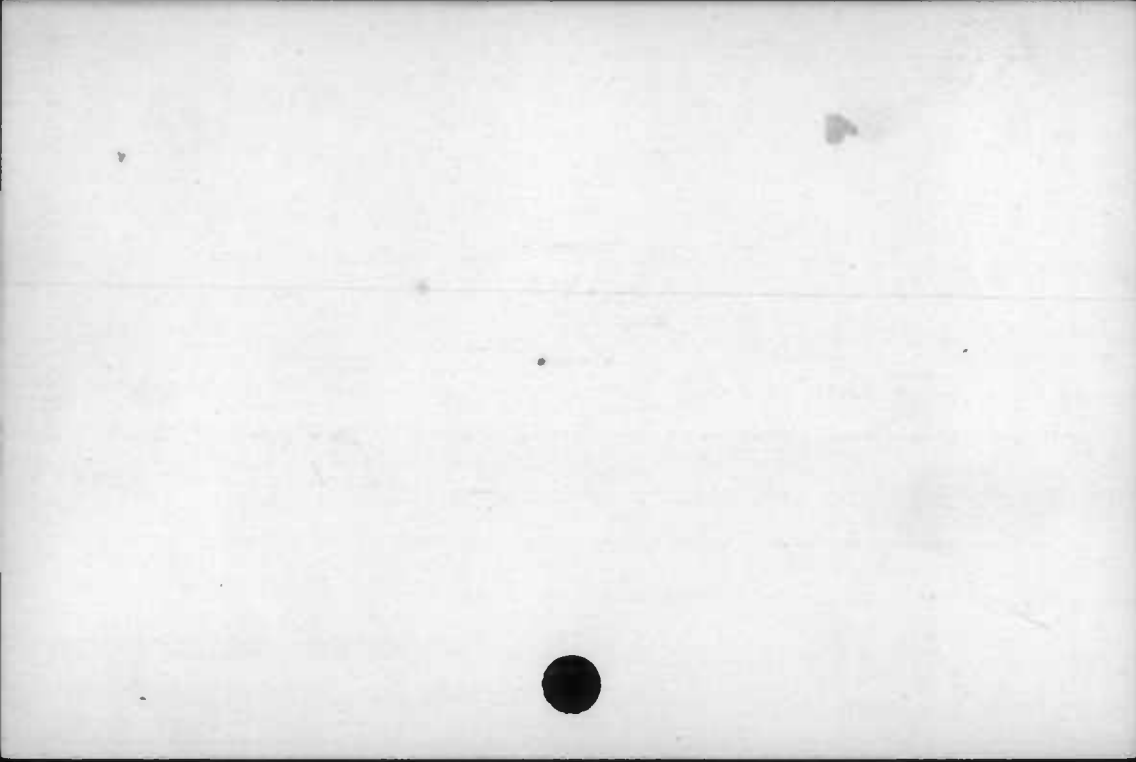
Address

Baltimore

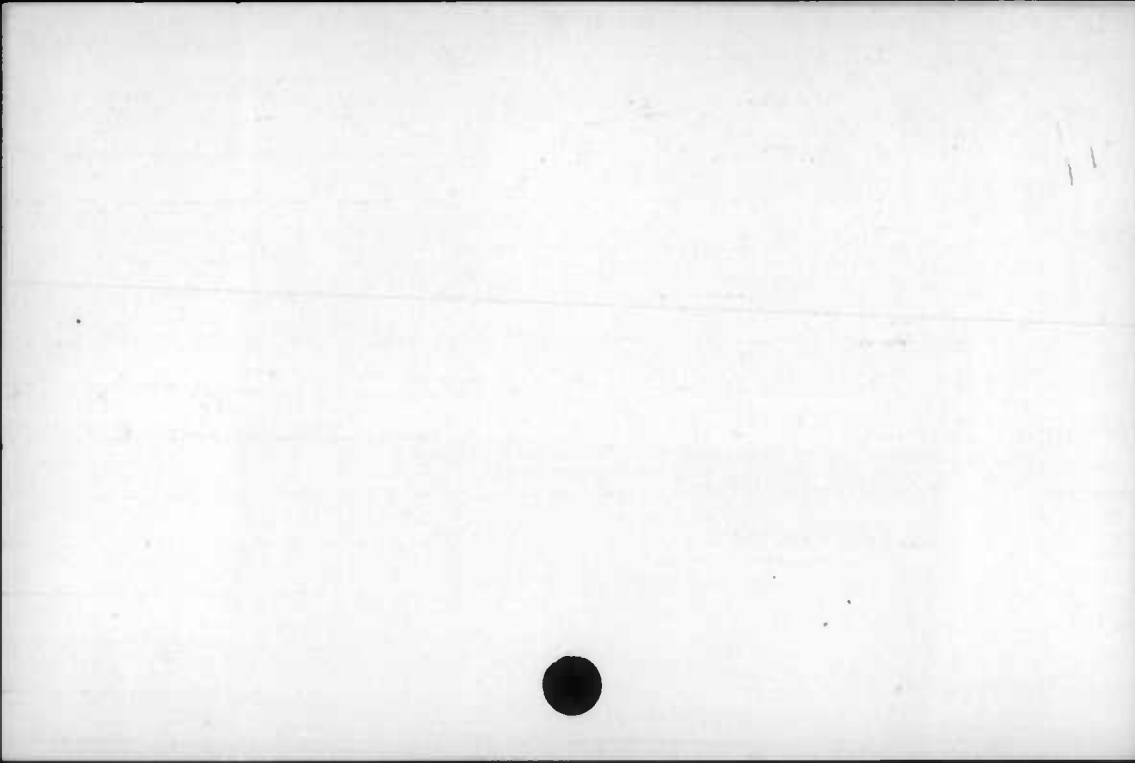
Accident or Suicide?

M.D.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full George Anna Lehofman		Town Baltimore		County Chesapeake		CERTIFICATE OF DEATH	
Died at Baltimore		Date of death 1906		Month 4th		Day 7	
Age 56		Years 56		Months -		Days -	
Sex Female		Color or Race Caucasian		Birthplace Eng		MARYLAND	
Occupation Housewife		Where Residing if not at place of death At home					
Married, Single or Widowed Married		Name of Wife or Husband George Lehofman					
Father's Name John Lehofman		Father's Birthplace Mo					
Mother's Maiden Name Charlotte Lehofman		Mother's Birthplace Eng					
Name of person giving information John Lehofman		How related to deceased Brother					
		CAUSES OF DEATH		27			
Primary Tuberculosis		How long Two years					
Immediate Exhaustion		How long					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. O. Mowbray					
		Address Waller					
Accident or Suicide? No							



Name in Full		Baptist Church				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Higgesville		County Charles		MARYLAND	
	Date of death	1908	Month Dec	Day 4	Age 68	Months	Days
	Sex	male		Color or Race	Coc'd		Birth-place
	Occupation	Laborer		Where Residing if not at place of death			
	Married, Single or Widowed	married		Name of Wife or Husband Louisa Chase			
	Father's Name	Do not know Geo. Chase				Father's Birthplace	✓ Md
	Mother's Maiden Name	Do not know				Mother's Birthplace	✓ unknown
	Name of person giving information	Louisa Chase				How related to deceased	Wife
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(79)</div>							
PHYSICIAN OR CORONER	Primary	Organic Heart Disease				How long	Suddenly
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
				Signature of Physician L. C. Carver M.D. Address Piquette, Md.			
Accident or Suicide?							

20



Name
in
Full

Nancy Cullins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Faith Town Charles County MARYLAND

Date of death 1908 Month Dec Day 14 Age 76 Years Months 1 Days 1

Sex Female Color or Race Mixed (African) Birth-place Charles Co

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Not Known Father's Birthplace Not Known

Mother's Maiden Name Jessie Cullins Mother's Birthplace Chas. Co

Name of person giving information John Harvey How related to deceased Son-in-law

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

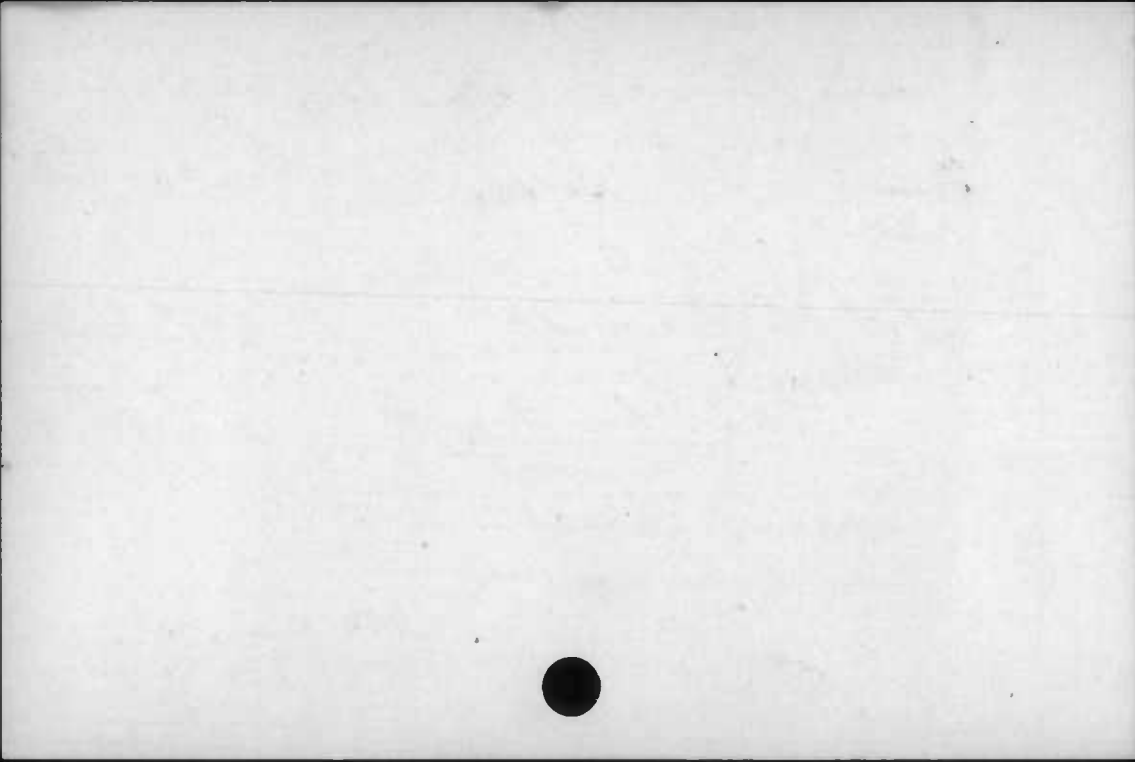
Primary Cardiac Insuff. How long 1 Year

Immediate Pulmonary Edema How long 4 Months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Edmund

Address Bel Air

Accident or Suicide? No



Name
in
Full

Joseph P. Farrall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Ordan Point Neck* ^{Town} *Charles* ^{County}

MARYLAND

Date of death *1908* Month *Dec* Day *6* Age *—* Years Months *7* DaysSex *Male* Color or Race *Black* Birth-place *Chas. B. W. L.*Occupation *None* Where Residing if not at place of death *" " "*Married, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *John Farrall* Father's Birthplace *Chas. B. W. L.*Mother's Maiden Name *Maggie Brown* Mother's Birthplace *" " "*Name of person giving information *John Farrall* How related to deceased *Father*

CAUSES OF DEATH

27

Primary *Stomach Trouble* How long *7*Immediate *Consumption* How long *2*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *None*Address *W. F. Mawner*Accident or Suicide? *Sub Reg*

W. F. Browner
Sunk Ry

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cedar Point</i>		Town <i>Chester</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>19</i>	Age	Years	Months	Days <i>14</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Chester Md</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Frank Marshall</i>		Father's Birthplace <i>Chester Md</i>					
Mother's Maiden Name <i>Maggie Chase</i>		Mother's Birthplace					
Name of person giving information <i>Frank Marshall</i>		How related to deceased <i>Parent</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Parasitic Infection</i>	How long	<i>14 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. F. Brown</i>	
		Address <i>Sink Regt</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			

W. H. Browne

Sub Reg

Name
in
Full

Wilson, Charles (Fowler)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Swan Point

^{County} Prince Georges

Date of death 1908 Dec 22

Age 22

Months — Days —

Sex Male

Color or Race White

Birth-place Faber, Md

Occupation Farmer

Where Residing if not at place of death

Swan Point

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name J. W. Fowler

Father's Birthplace unknown

Mother's Maiden Name Sarah Wilson

Mother's Birthplace unknown

Name of person giving information Herbert Porter

How related to deceased 2nd Cousin

CAUSES OF DEATH

170

Primary Cause of Death lost in snowdrift

How long 4 or 5 hrs.

Immediate Cause of Death

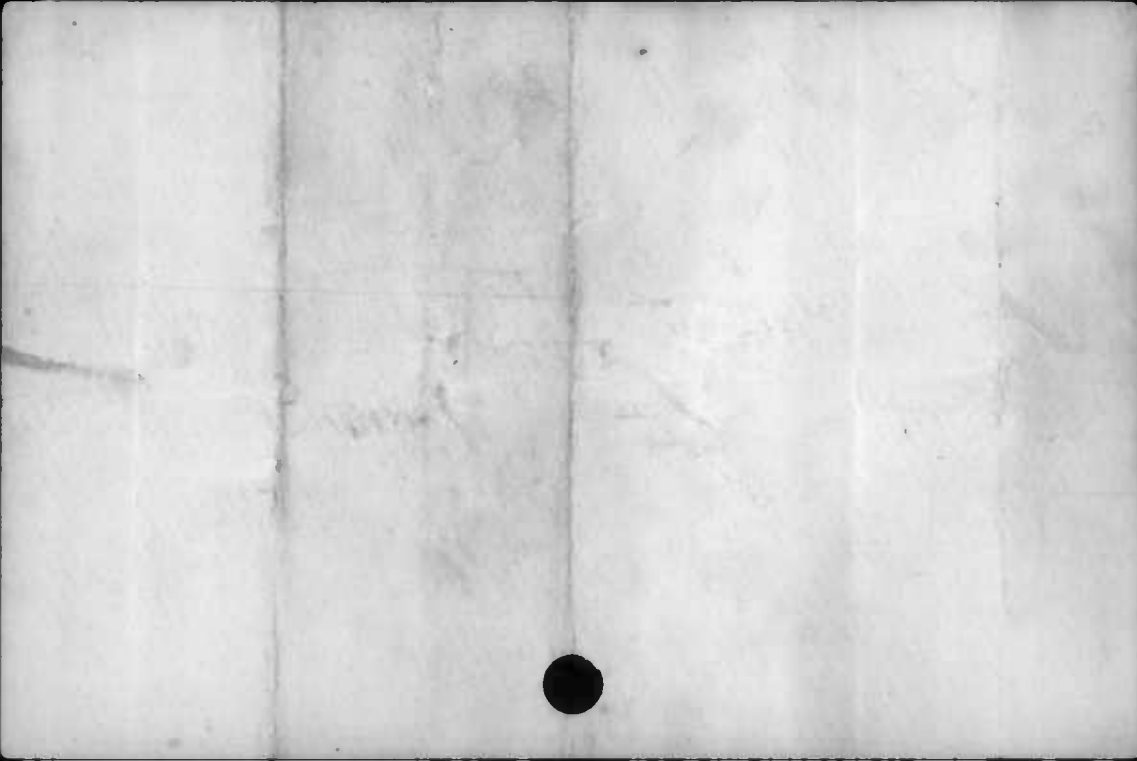
Signature of Physician

Address

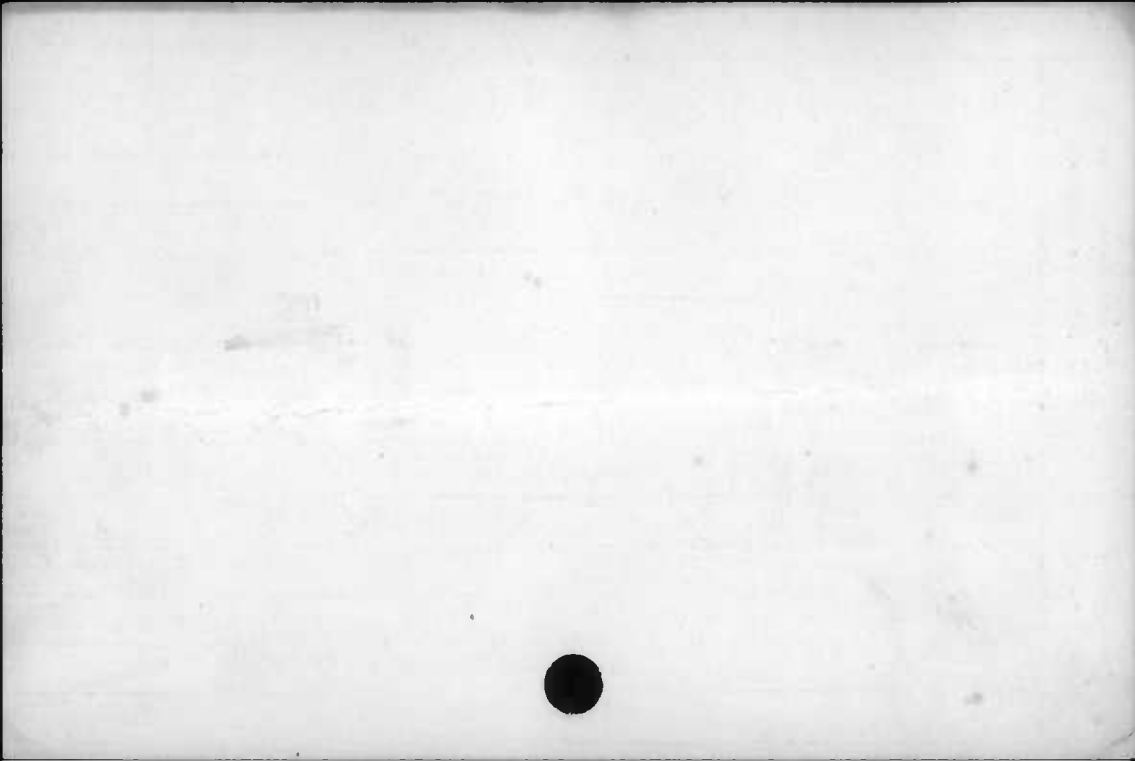
Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide? Accident

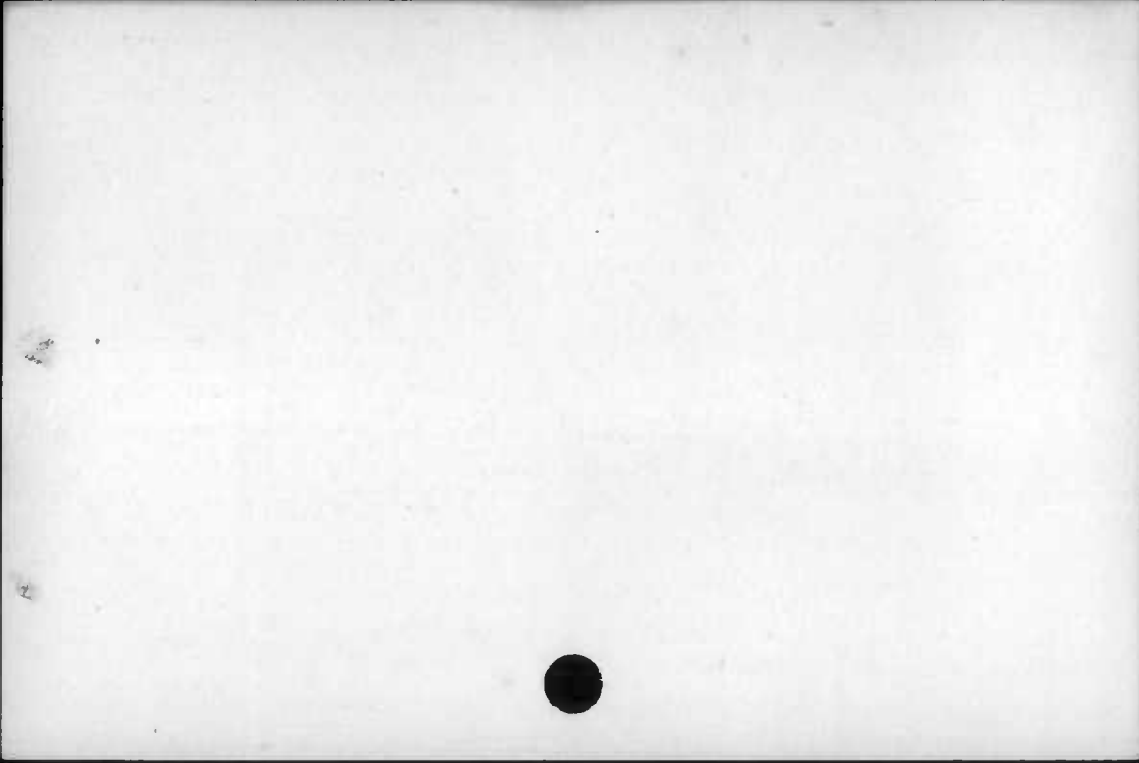
Signature of Physician and Address



Name in Full Joseph H. Gutrledge		Town near White Plains		County Charles		CERTIFICATE OF DEATH	
Died at		MAYLAND					
Date of death 1908		Month Dec		Day 15		Age 6	
Sex male		Color or Race White		Birth-place Charles Co. Md			
Occupation None		Where Residing if not at place of death At place of death					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name Joseph H. Gutrledge		Father's Birthplace M. Va					
Mother's Maiden Name Lillian Padgett		Mother's Birthplace Md					
Name of person giving information J. H. Gutrledge		How related to deceased Father					
CAUSES OF DEATH							
Primary Cerebritis		How long 12 hours					
Immediate Acute Pneumonia		How long Short while					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician G. O. Monroe					
		Address Waldorf, Md					
Accident or Suicide? None							



Name in Full		Certificate of Death			
Perly Henson		Town near Hill Top		County Charles	
Died at		Date of death		Maryland	
Month Dec		Day 25		Years 20	
Sex Male		Color or Race colloid		Birth-place Charles Co Md	
Occupation Laborer		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband none			
Father's Name Sel Henson		Father's Birthplace Charles Co Md			
Mother's Maiden Name Rosa Dorsey		Mother's Birthplace Charles Co Md			
Name of person giving information Robert Went		How related to deceased none			
CAUSES OF DEATH					
Primary unknown		How long 179			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician no Physician in attendance			
Address Charles D Carpenter		Address Pisgah Md			
Accident or Suicide? Sub. Registrar		2nd district			



Name
in
Full

John H Jennifer Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near ^{Town} <i>Benedict</i>		^{County} <i>Chas</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>28</i>	Age <i>1</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>caucas</i>		Birth-place <i>Chas co Md</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Chas co Md</i>				
Married, Single or Widowed	Name of Wife or Husband <i>none</i>				
Father's Name <i>Joseph Jennifer</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Bertie Edeline</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Grand Father</i>	How related to deceased <i>Grand Father</i>				

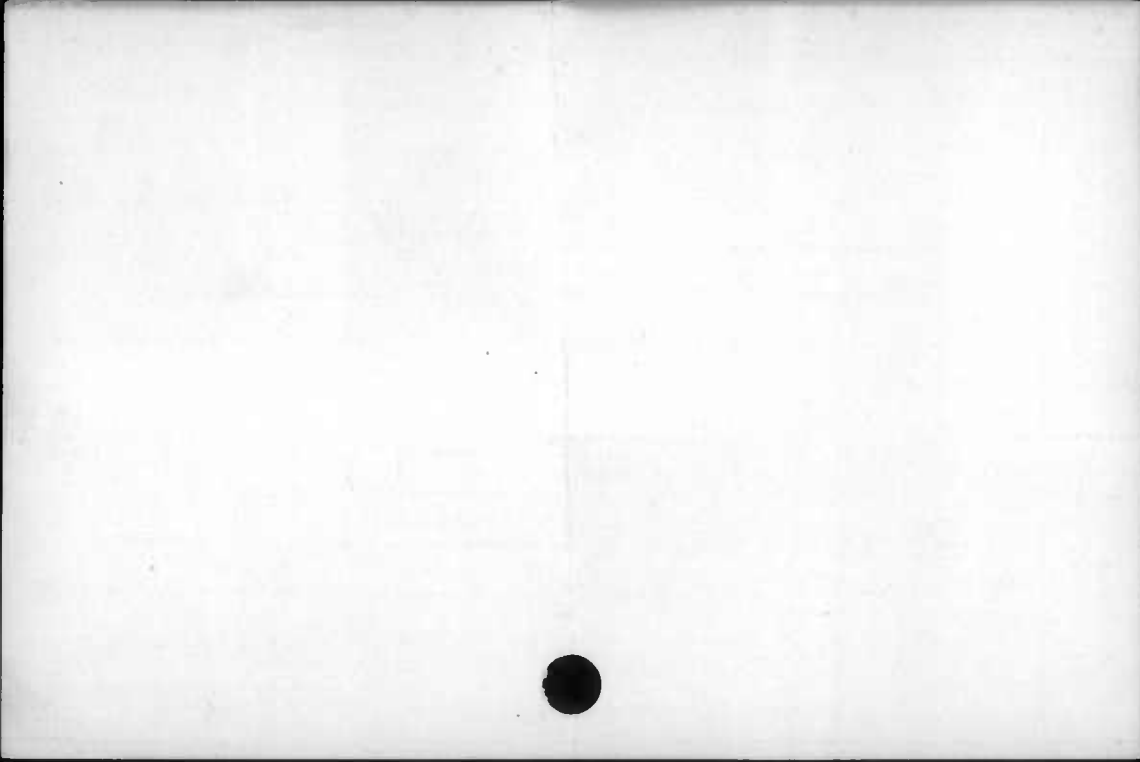
J H Jennifer

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>pneumonia</i>	How long <i>10 days</i>
Immediate <i>Heart-Block</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J H Chappell</i>
	Address <i>Register</i>
Accident or Suicide?	



Name
in
Full

Mary Medora Johnston

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Her residence near Ripley

Date

Month

Day

Years

Months

Days

of death 1908

December

23rd

Age

71

10

Sex

Female

Color or
Race

White

Birth-
place

Calvert Co., Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Henry H. Johnston

Father's
Name

Theodore Hodgkin

Father's
Birthplace

Calvert Co. Md.

Mother's
Maiden Name

Elizabeth Gambrel

Mother's
Birthplace

Chas. Co. "

Name of person giving
Information

Henry H. Johnston

How related
to deceased

Husband

CAUSES OF DEATH

47

Primary

Rheumatism with Heart complication

How long

2 years

Immediate

Exhaustion + Heart Failure

How long

About a week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. T. Diggs

Address

Port Tobacco, Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charlotte Knott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

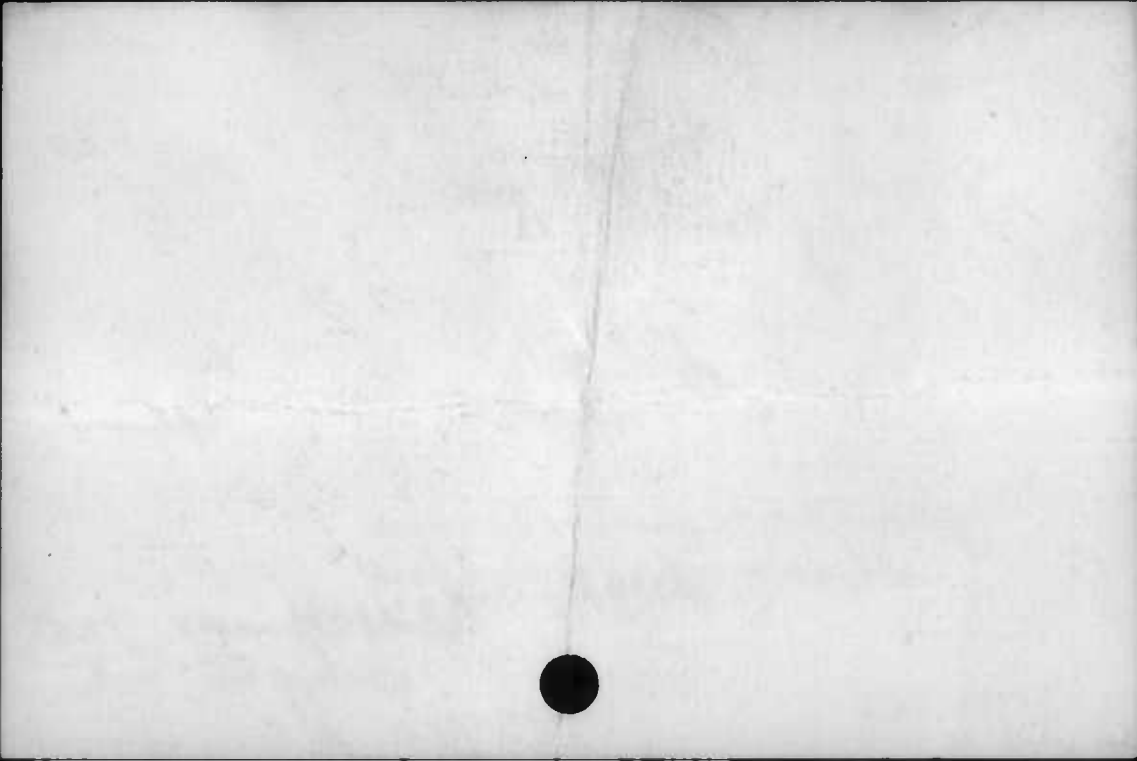
Died at <i>near La Plata</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec.</i>	Day <i>15th</i>	Years <i>72</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>colored</i>		Birthplace <i>Charles Co</i>		
Occupation <i>none</i>		Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Albert Knott</i>				
Father's Name <i>Stephen Dean</i>	Father's Birthplace <i>Charles Co</i>				
Mother's Maiden Name <i>Charlotte Dean</i>	Mother's Birthplace <i>Charles Co</i>				
Name of person giving information <i>Richard S. Garner</i>	How related to deceased <i>son in law</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>General debility due to old age</i>	How long <i>—</i>
Immediate <i>Cardiac Failure - general exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Dean</i>
	Address <i>La Plata Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Rebecca Linton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died *near Grayton* Town *Chas.* County

Date of death *1908 Dec. 21* Month *Dec.* Day *21* Age *83* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Pa.*

Occupation *— owner of farm* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *James Linton* Father's Birthplace *Pa.*

Mother's Maiden Name *Margaret H. Linton* Mother's Birthplace *Pa.*

Name of person giving information *H. R. Linton* How related to deceased *Nephew*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *general decline weakness & decay* How long *—*

Immediate *Shock & injury from a fall* How long *about a week*

Are the name, age, sex, color, date and place correctly given above? *Carrying to select*

Signature of Physician *Dr. J. P. ...*

Address *Grayton Md.*

Accident or Suicide? *—*

11/11/11

11/11/11



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

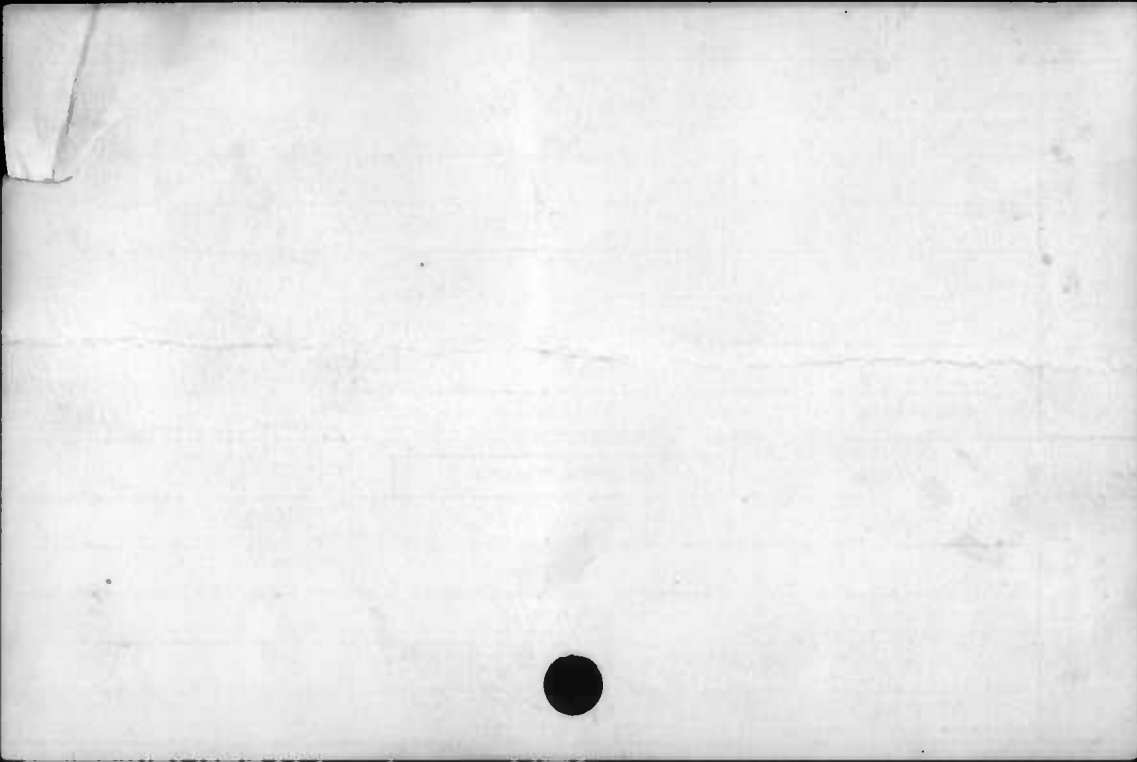
Died at <i>Stegherville</i> Town		<i>Charles</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>12</i>	Age <i>80</i>	Years	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>Washer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Marick Mollison</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>John Duddy</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Uremic Poisoning</i>	How long <i>3 days</i>
Immediate <i>Heart Failure</i>	How long <i>3 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. C. Cooper</i>
	Address <i>Stegherville Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

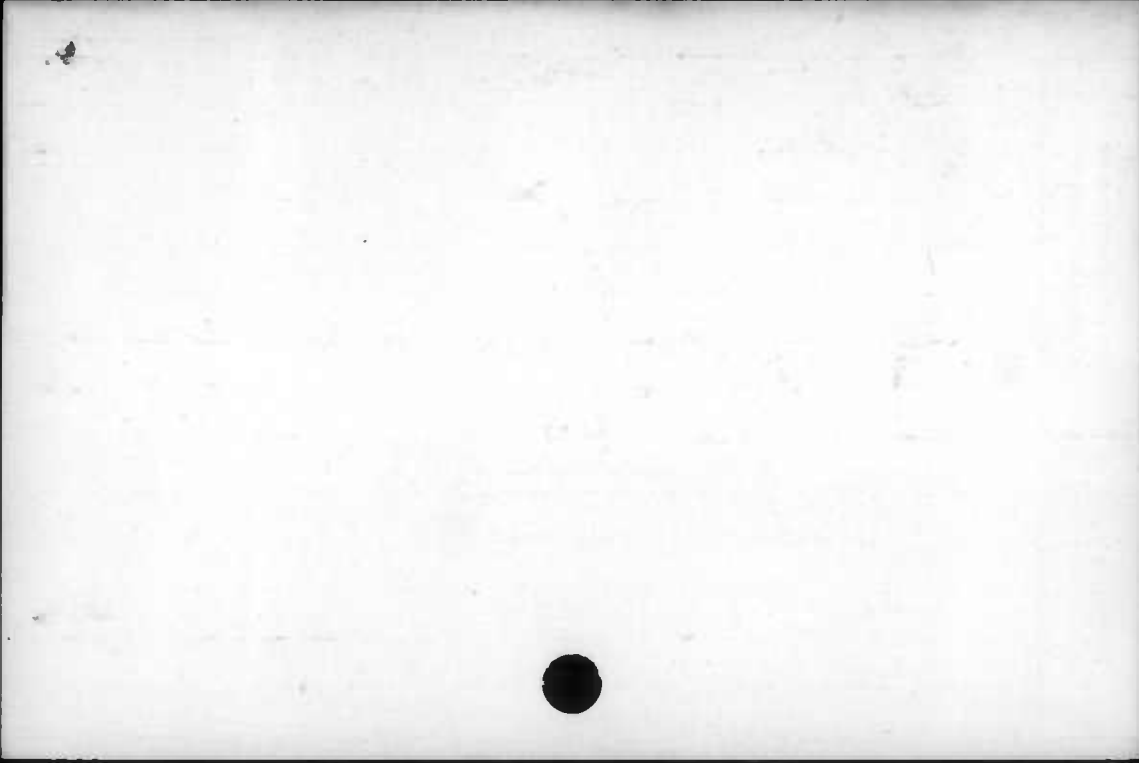
Died at <i>James H. Payne</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Dec</i>	Day <i>31</i>	Age <i>78</i>	Years <i>78</i>
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Chas Lee</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Chas Lee</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Jane Payne</i>			
Father's Name <i>John. Bush</i>		Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>Jennie. Payne</i>		Mother's Birthplace <i>not Known</i>			
Name of person giving information <i>John Hicks</i>		How related to deceased <i>Son</i>			

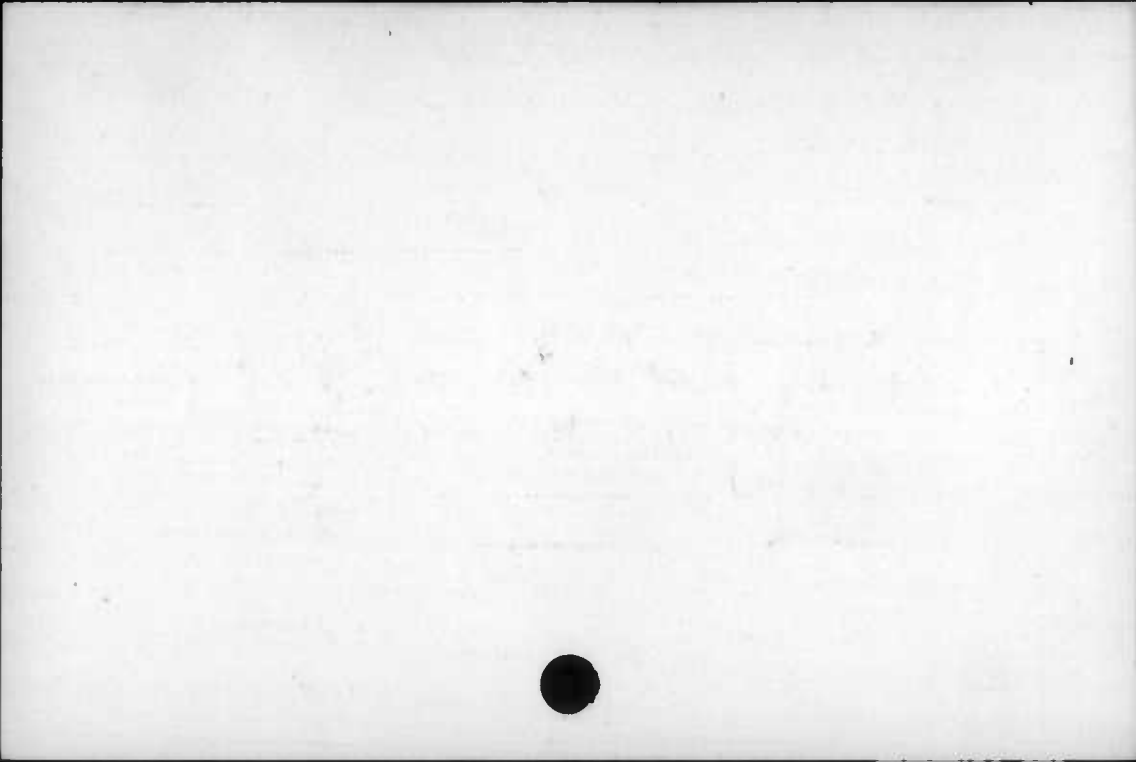
CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart Trouble</i>	How long <i>12 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Sykes</i>
	Address <i>Sub. Registrar</i>
Accident or Suicide?	





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Rasmussen

Town

County

Died at

Perry

Charles

MARYLAND

Date

of death 1908

Month

Dec

Day

30

Age

Years

45-

Months

-

Days

-

Sex

Female

Color or
Race

White

Birth-
place

Denmark

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Jens Rasmussen

Father's
Name

Rasmus Rasmussen

Father's
Birthplace

Denmark

Mother's
Maiden Name

Margaret Nielsen

Mother's
Birthplace

Denmark

Name of person giving
In formation

Jens Rasmussen

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Typhoid Fever

How long

Five weeks -

Immediate

Shock following Perforation from Typhoid

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. W. Hutchins M.D.
Perry Ind.

Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name
in
Full

Berry Small

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

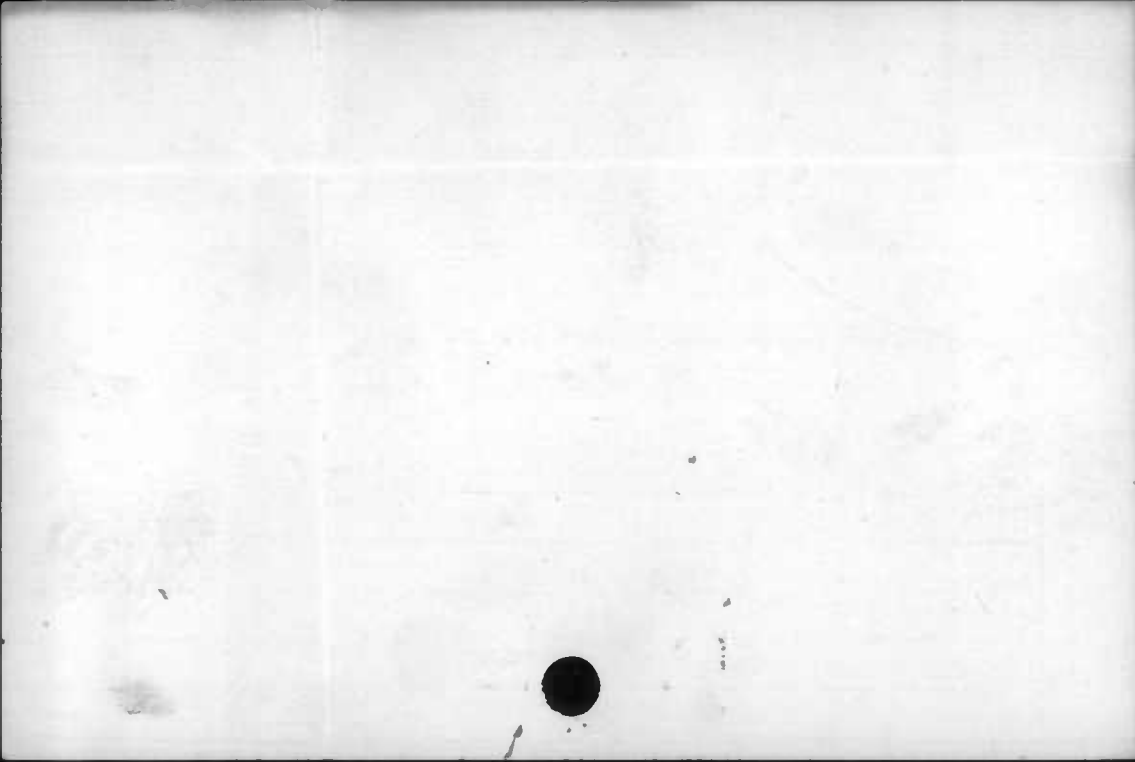
Died at <i>Manassas</i> Town		County <i>Charles</i>		MARYLAND		
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>19</i>	Age	Years	Months <i>8</i>	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name <i>Asberry Small</i>			Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Susan Coats</i>			Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Asberry Small</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

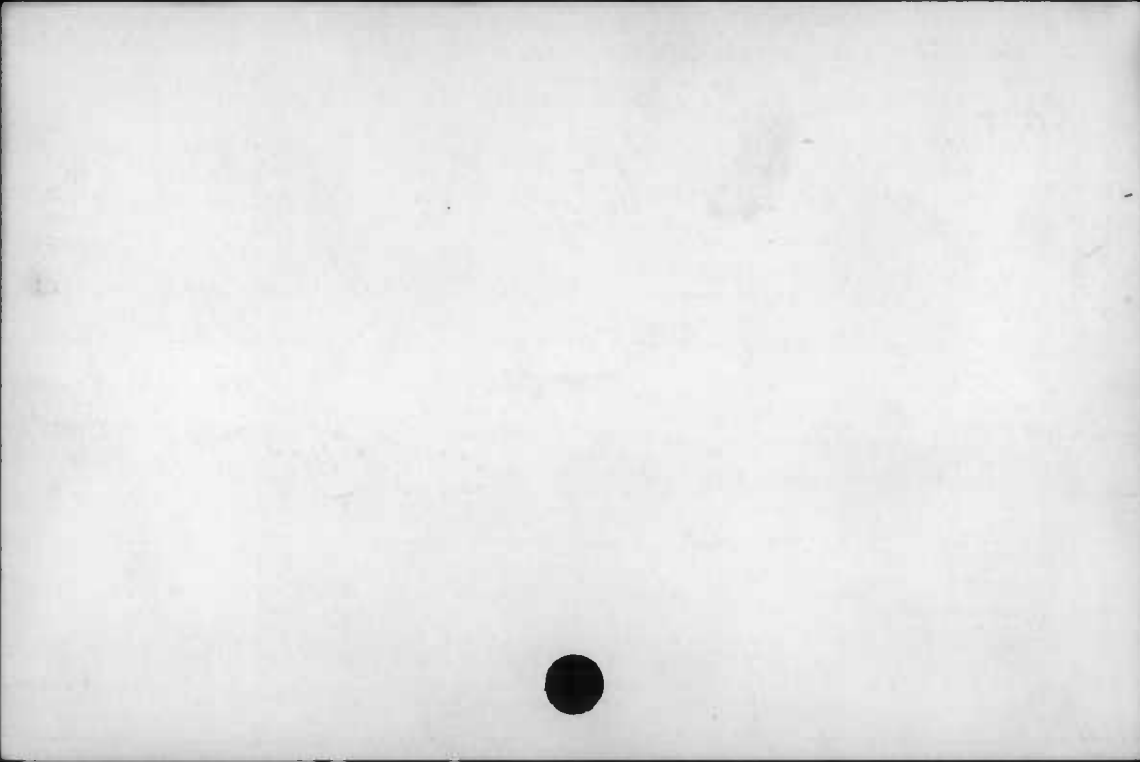
93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. James M. Wheeler</i>
	Address <i>Sub-Registrar</i>
Accident or Suicide?	



Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Pirgah		Charles		MARYLAND		
		Date of death		1908	Month	Dec	Day	2	Age	73
		Sex		Female		Color or Race		American		
		Occupation		Housewife		Where Residing if not at place of death		Birth-place		
		Married, Single or Widowed		Widowed		Name of Wife or Husband		Chase Taylor.		
		Father's Name		John W. Robinson		Father's Birthplace		Charles Co. Md.		
		Mother's Maiden Name		Elizabeth Padgett		Mother's Birthplace		" "		
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving information		Cora I. Burgess		How related to deceased		Cousin		
		CAUSES OF DEATH		166		How long		2 weeks		
Primary		Traumatic Pneumonia - Nephritis - Myocarditis				How long		2 weeks		
Immediate		Cardiac Paralysis				How long				
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo. L. Bicknell;		Address		
Accident or Suicide?		Accident				Pirgah,		Md.		



Name
in
Full

Frederic Wheeler

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Bunker Hill Ches

Date

of death

1908

Month

Dec

Day

7

Age

Years

13

Months

Days

Sex

male

Color or
Race

colored

Birth-
place

Unknown

Occupation

Mechanic

Where Residing if not
at place of death

Bunker Hill

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Lucie Wheeler

Father's
Name

Cornell Wheeler

Father's
Birthplace

St Mary

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

Frederic Wheeler

How related
to deceased

Son

CAUSES OF DEATH

Primary

Panlasi

How long

2 yrs

Immediate

blood clot on brain

How long

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

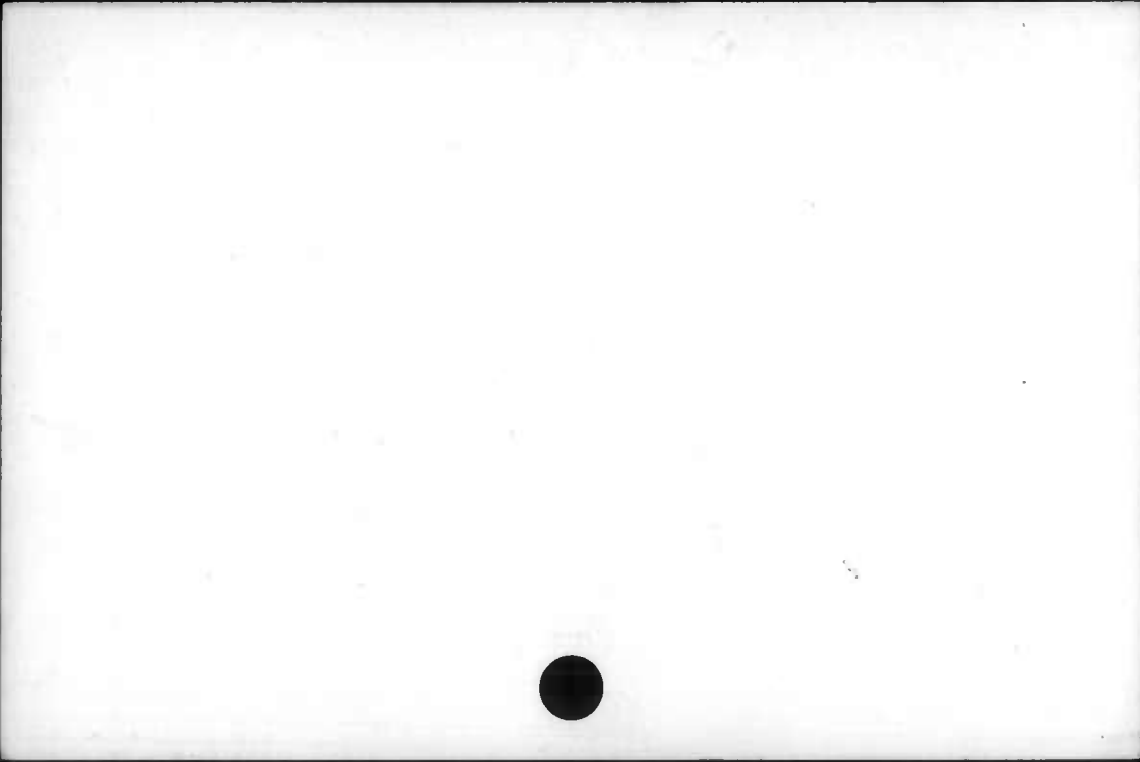
H. H. Simpson

Sub Registrar

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Thomas G. Williamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waldorf</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>1</i>	Age <i>78</i> Years	Months <i>10</i>	Days <i>30</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Marion Willits</i>				
Father's Name <i>Walter Williamson</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Elizabeth Jafferson</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>May B. Moore</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Angiocarditis</i> (<i>Inflammation of heart and great vessels</i>)	How long <i>Less than 2 wks</i>
Immediate <i>Exhaustion</i>	How long <i>Short</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. Oulton Brown</i>
	Address <i>Waldorf Ind.</i>
Accident or Suicide? <i>No</i>	

